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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/320,172
	Filing Date	May 26, 1999
	First Named Inventor	SHMULEWITZ et al.
	Art Unit	3763
	Examiner Name	MENDEZ, Manuel A.
Total Number of Pages in This Submission	Attorney Docket Number	PA2035 CIP2

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Medtronic Vascular, Inc.		
Signature			
Printed name	Michael J. Jaro		
Date	September 2, 2005	Reg. No.	34,472

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By: Kimberly Melvin
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No. : 09/320,172 Confirmation No.: 4246
Applicant : SHMULEWITZ, et al.
Filed : May 26, 1999
TC/A.U. : 3763
Examiner : MENDEZ, Manuel A

Docket No. : PA 2035 CIP2
Customer No. : 28390
Title : APPARATUS FOR PROVIDING CORONARY
RETROPERFUSION AND METHODS OF USE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated June 3, 2005, please amend the above-identified application as set forth below. Favorable consideration and entry of this amendment is respectfully requested.

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks/Arguments begin on page 8 of this paper.